The state of COPD in Canada

- **1.5 million people** living with COPD[1*]
- **Sixth leading cause of death**[1*]
- **A leading cause of hospitalizations** – with bronchitis second only to childbirth[2†]
- Excess healthcare costs **CAD $5,452 per patient each year** (~USD $3,900), the majority due to inpatient hospital stays[3‡]

*2021 data †2022–23 data ‡BC data, 2010

COPD is a highly debilitating and often fatal lung disease[4]

Chronic obstructive pulmonary disease (COPD), which includes emphysema and chronic bronchitis, deteriorates people's lung function – restricting their airflow, making it increasingly difficult to breathe and potentially affecting every facet of a person's life.[4] The severity of the disease increases as it progresses and people with COPD can experience flare-ups that, when severe, require emergency hospital admission.[4] However, appropriate care can improve lung health and quality of life for people with COPD.[4]

Challenges

Facilitating access to care

People with COPD risk getting stuck in a revolving door of acute care: nearly 20% of COPD hospitalizations in Ontario between 2004 and 2014 resulted in a readmission within 30 days.[5]

Protecting population health

First Nations, Inuit and Métis peoples all have a higher risk of COPD than non-Indigenous people and are more likely to need emergency care following a diagnosis.[6-9]

Protecting population health

Air pollution and wildfires are exacerbating symptoms of COPD, causing more people to visit emergency care with flare-ups.[10-12]

'People are mostly diagnosed at an advanced stage with moderate to severe disease. By the time they see us, they are undertreated and have a history of flare-ups. Had the condition been identified earlier, their lungs would probably be in a much better place.'

– Prof. Mohit Bhutani
University of Alberta

Living with COPD: Suzanne's story

Suzanne was diagnosed decades ago and still encounters healthcare practitioners who are unfamiliar with COPD. Once, presenting to emergency care with a flare-up and coughing blood, she was told she had a cold and needed to go home and rest. Another time, potentially fatal symptoms of carbon dioxide retention were misdiagnosed as either neurological or psychosomatic, and she was advised to drink a glass of wine to relax. Suzanne has been rendered homebound by her condition; however, she is now very fortunate to have a knowledgeable multidisciplinary respiratory team, and she enjoys a high standard of care. She shares her story in the hope that everyone with COPD will get the best-practice care they need and deserve.

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How is COPD being prioritised?

Federal policies

Overall status: **poor**

There is no national strategy dedicated to respiratory health.

Clinical guidance

Overall status: **good**

In 2015, the Canadian Thoracic Society (CTS) and the American College of Chest Physicians co-published clinical guidance on preventing acute flare-ups in COPD.[13] In 2023, CTS published guidelines on pharmacotherapy of stable COPD.[14]

Data collection

Overall status: **good**

The Canadian Chronic Disease Surveillance System collects data on COPD from the provincial and territorial health authorities.[15]

Case study

The Best Care COPD integrated disease management program in Ontario[16-19] is proven to achieve long-term reductions in hospitalizations and emergency care visits in a real-world setting. The program places Certified Respiratory Educators in primary care clinics to support providers in all aspects of COPD care, including diagnosis, treatment, comorbidity management, patient education and lifestyle changes. Immediately, the program halted rising rates of COPD-related hospitalizations and emergency care visits; within just three years those rates had fallen by 47–72% and 51–71%, respectively.

Policymakers must take action to:

- **ensure that access to treatment is fair and equitable** across all provinces and territories
- **expand the Best Care COPD model** to all provinces and territories to improve people's quality of life, prevent flare-ups, reduce hospitalizations and strengthen primary care management
- **harness telemedicine and eHealth opportunities** to improve access to specialist care, facilitate remote pulmonary rehabilitation and empower self-monitoring, especially in rural and remote communities
- **increase training on chronic respiratory diseases** for clinicians, nurses and pharmacists to improve their understanding and awareness when treating people with COPD.

Contributors

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